

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049415

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 71
FILED JAN 28 1963

Primary Registration District No. 3012

Registrar's No. 136

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		c. CITY OR TOWN Excelsior Springs	
Length of stay in 1b 4 yes		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Excelsior Spr. Hosp.		d. STREET ADDRESS (If outside, give location) 214 1/2 South	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Joseph Otto Strome		4. DATE OF DEATH Month Day Year Dec. 13 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-4-84
9. AGE (last birthday) 78		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 2 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway Employee		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
11. BIRTHPLACE (City and state or country) Unknown		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME David Strome		13b. MOTHER'S MAIDEN NAME Sussan A. Burns	
14. NAME OF HUSBAND OR WIFE Lulo May Crist		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Janie A. Brooks	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH sev. day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Unknown organisms		DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General debility; cerebral atherosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. 11:25 A.M.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Excelsior Springs, Mo.	
20g. COUNTY Clay		20h. STATE Mo.	
21. I attended the deceased from 12/2/62 to 12/13/62 and last saw her alive on Dec. 13, 1962		Death occurred at 11:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Phillip E. King (Degree or title) M. D.		22b. ADDRESS Excelsior Springs, Mo.	
22c. DATE SIGNED 12/15/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Dec. 15, 62		23c. NAME OF CEMETERY OR CREMATORY Crown Hill	
23d. LOCATION (City, town, or county) Excelsior Spr. Mo.		23e. DATE RECD. BY LOCAL REG. 12-15-62	
23f. REGISTRAR'S SIGNATURE Caroline Hutchings		23g. FUNERAL DIRECTOR Hope Funeral Home Ex. Sp.	

Permit issued 12/15/62 L.H.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.